

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/069469** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	①					
7	①					
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9	①					
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TOTAL IND.		2				
TOTAL DEP.		16				
TOTAL CLAIMS		18				